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7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

MAR 18 2008

Mar 18, 2008

MICHAEL W. DORRINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITJerome B. Hendricks
Plaintiffv.
State of Illinois
Defendant(s)08CV1589
JUDGE KENNELLY
MAG.JUDGE NOLAN

Wherever is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT.

I, Jerome B. Hendricks, declare that I am the plaintiff petitioner movant (other _____) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Question 2)
I.D. # N-53807 Name of prison or jail: Menard
Do you receive any payment from the institution? Yes No Monthly amount: State Pay Vary
2. Are you currently employed? Yes No
Monthly salary or wages: _____
Name and address of employer: _____
 - a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: _____
Name and address of last employer: _____
- b. Are you married? Yes No
Spouse's monthly salary or wages: _____
Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages Yes No
Amount 0.00 Vary Received by State pay Me DC

b. Business, profession or other self-employment Yes No
 Amount _____ Received by _____

c. Rent payments, interest or dividends Yes No
 Amount _____ Received by _____

d. Pensions, social security, annuities, life insurance, disability, workers' compensation, unemployment, welfare, alimony or maintenance or child support Yes No
 Amount _____ Received by _____

e. Gifts or inheritances Yes No
 Amount \$20,00 & \$25,00 Received by Family (not often)

f. Any other sources (state source: _____) Yes No
 Amount _____ Received by _____

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? Yes No Total amount: _____
 In whose name held: _____ Relationship to you: _____

5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? Yes No
 Property: _____ Current Value: _____
 In whose name held: _____ Relationship to you: _____

6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? Yes No
 Address of property: _____
 Type of property: _____ Current value: _____
 In whose name held: _____ Relationship to you: _____
 Amount of monthly mortgage or loan payments: _____
 Name of person making payments: _____

7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? Yes No
 Property: _____
 Current value: _____
 In whose name held: _____ Relationship to you: _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: _____

Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.
Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

Time: 2:06pm

d_list_inmate_trans_statement_composite

Trust Fund**Inmate Transaction Statement**

REPORT CRITERIA - Date: 08/01/2007 thru End; Inmate: N53807; Active Status Only? : No; Print Restrictions? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions? : Yes; Include Inmate Totals? : Yes; Print Balance Errors Only? : No

Inmate: N53807 Hendricks, Jerome**Housing Unit: MEN-N -06-08**

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
					Beginning Balance:	28.08	
08/07/07	Payroll	20 Payroll Adjustment	219159		P/R month of 07/2007	8.84	36.92
08/24/07	Point of Sale	60 Commissary	236779	664536	Commissary	-14.84	22.08
09/05/07	Disbursements	90 Medical Co-Pay	248359	Chk #81623	41712, DOC: 523 Fund Reimburse, Inv. Date: 08/29/2007	-2.00	20.08
09/12/07	Point of Sale	60 Commissary	255767	668139	Commissary	-19.81	.27
10/11/07	Payroll	20 Payroll Adjustment	2841107		P/R month of 09/2007	8.84	9.11
10/17/07	Point of Sale	60 Commissary	290746	675770	Commissary	-9.09	.02
11/07/07	Payroll	20 Payroll Adjustment	311159		P/R month of 10/2007	10.00	10.02
11/14/07	Point of Sale	60 Commissary	3187116	681210	Commissary	-10.02	.00
11/15/07	Mail Room	01 MO/Checks (Not Held)	3192113	875391254	Hendricks, Earline	25.00	25.00
11/20/07	Point of Sale	60 Commissary	324767	683462	Commissary	-22.84	2.16
12/07/07	Payroll	20 Payroll Adjustment	341169		P/R month of 11/2007	10.00	12.16
12/17/07	Mail Room	01 MO/Checks (Not Held)	351245	290901529	Hendricks, Earline	25.00	37.16
12/19/07	Point of Sale	60 Commissary	353792	689053	Commissary	-28.03	9.13
01/02/08	Point of Sale	60 Commissary	002779	690583	Commissary	-8.76	.37
01/07/08	Payroll	20 Payroll Adjustment	007159		P/R month of 12/2007	6.46	6.83
01/16/08	Point of Sale	60 Commissary	016779	693433	Commissary	-5.65	1.18

Total Inmate Funds: 1.18**Less Funds Held For Orders:** .00**Less Funds Restricted:** .00**Funds Available:** 1.18**Total Furloughs:** .00**Total Voluntary Restitutions:** .00